SCC eFile	2013 ANNUAL REP COMMONWEALTH OF VII TATE CORPORATION COM	RGINIA		3541554	
1.) CORPORATION NAME:			DUE DATE: 9)/30/2013	
Strawser Construction Inc.			DOL DATE. 3	70072010	
2.) VA REGISTERED AGENT NAME CORPORATION SERVICE COM			SCC ID NO: F	1874074	
BANK OF AMERICA CTR 16TH			5.) STOCK IN	IFORMATION	
1111 E MAIN ST			CLASS	AUTHORIZED	
RICHMOND, VA			COMMON	1,000	
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY					
4.) STATE OR COUNTRY OF INCO	RPORATION:				
6.) PRINCIPAL OFFICE ADDRESS:					
ADDRESS: 1595 Frank Road					
CITY/ST/ZIP: Columb	<u> </u>				
7.) DIRECTORS AND PRINCIPAL O	FFICERS: All directors and may be designat	principal ed as bo	officers must be th a director and	e listed. An individual l an officer.	
NAME:	Ohris O. Assertant	X OFFIC	ER	DIRECTOR	
TITLE:	Chris S. Anspaugh PRESIDENT				
ADDRESS:					
CITY/ST/ZIP/CO:	1595 Frank Road Columbus, OH 43223				
	·	X OFFIC	ER	DIRECTOR	
NAME:	Fred Shelton				
TITLE:	TREAS/ASST SECY				
ADDRESS:	3 Becker Farm Road				
	Suite 307				
CITY/ST/ZIP/CO:	Roseland, NJ 07068				
		X OFFIC	ER	DIRECTOR	
NAME:	Anthony L. Martino II				
TITLE:	SECRETARY				
ADDRESS:	163 Madison Avenue				
CITY/ST/ZIP/CO:	Suite 500 Morristown, NJ 07960				
		OFFIC	ER	χ DIRECTOR	
NAME:	Robert Doucet				
TITLE:	DIRECTOR				
ADDRESS:	3 Becker Farm Road				
CITY/ST/ZIP/CO:	Roseland, NJ 07068				
		OFFIC	ER	X DIRECTOR	
NAME:	Daniel Koeninger				
TITLE: ADDRESS:	DIRECTOR				
CITY/ST/ZIP/CO:	8600 Berk Boulevard Hamilton, OH 45015				
2	Transition, Off 40010	X OFFIC	ED .	DIRECTOR	
NAME:	Anthony Strato	X OFFIC	LIX	DIRECTOR	
TITLE:	Anthony Strete ASST SECRETARY				
ADDRESS:	2551 Needmore Road				
	PO Box 13591				
CITY/ST/ZIP/CO:	Dayton, OH 45413				

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	David Dunlap ASST SECRETARY 1595 Frank Road Columbus, OH 43223	X OFFICER	DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Brian Fennell ASST SECRETARY 1595 Frank Road Columbus, OH 43223	X OFFICER	DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Steven R. Fogle ASST SECRETARY 1103 Old Towne Lane, Suite 201-A PO Box 149 Cheyenne, WY 82003	X OFFICER	DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Christopher Winter ASST SECRETARY 3 Becker Farm Road Roseland, NJ 07068	X OFFICER	DIRECTOR		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ Fred Shelton SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPO	<u> </u>	0/4/2013 DATE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					